

03-22-00 A

PTO/SB/05 (2/00)

Approved for use through 09/30/00. OMB 0651-01

Patent and Trademark Office: U.S. DEPARTMENT OF COMM

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>For new nonprovisional applications under 37 CFR 1.53(h)</small>		Attorney Docket No. 36780028US04
		First Named Inventor or Application Identifier William Pendergast
Title Method of Promoting Cervical and Vaginal Secretions		
		Express Mail Label No. EL514780509US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
---	--	---

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (Form PTO-1082) <i>(Submit an original and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 32]	7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R&D	
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claims	
- Abstract of the Disclosure	
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <input type="text"/>]	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Pages 2]	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	12. <input type="checkbox"/> Preliminary Amendment
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Two) <i>(should be specifically itemized)</i>
Prior Application Information: Examiner: Kunz,G. Group/Art Unit: 1623	
18. CORRESPONDENCE ADDRESS	

<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>	<input checked="" type="checkbox"/> Correspondence address below			
<p>NAME Albert P. Halluin HOWREY & SIMON</p> <p>ADDRESS Box No. 34 1299 Pennsylvania Avenue, N.W.</p> <p>CITY Washington STATE DC ZIP CODE 20004-2402</p> <p>COUNTRY US TELEPHONE 202-783-0800 FAX 202-383-7195</p>				
Name (Print/Type) for Albert P. Halluin	Registration No. (Attorney/Agent) 25,227			
Signature 	Date 3/20/00			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FORM PTO-1082

HOWREY SIMON ARNOLD & WHITE, LLP
 Box No. 34
 1299 Pennsylvania Avenue, N.W.
 Washington, D.C. 20004-2402
 (650) 463-8100

Attorney Docket No. 36780028US04

Box Patent Application

ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of **William PENDERGAST, Sammy R. SHAVER, David J. DRUTZ, and Janet L. RIDEOUT** for **METHOD OF PROMOTING CERVICAL AND VAGINAL SECRETIONS**.

Also, enclosed are:

1. Copy of Combined Declaration and Power of Attorney for Patent Application (2 pages);
2. Two (2) return postcards.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	22 - 20 =	* 2
INDEP. CLAIMS	1 - 3 =	* 0
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

*If the difference in Col. 1 is less than zero, enter "0" in Col. 2

SMALL ENTITY		OTHER THAN A SMALL ENTITY	
OR	RATE	OR	RATE
			\$ 690.00
OR			36.00
OR	2 X 18 =		0.00
OR	X 78 =		
OR	+ 130 =		\$ 260.00
OR	TOTAL		\$ 986.00

This application is being filed under 37 C.F.R. §1.53(b)(1) without filing fee. This application is a continuation of U.S. Application Serial No. 09/199,912 filed November 25, 1998, which is a continuation-in-part of U.S. Application Serial No. 09/122,516, filed July 24, 1998, which claims priority to U.S. Provisional Application Serial No. 60/054,147, filed July 25, 1997.

Date: March 20, 2000



ALBERT P. HALLUIN (Reg. No. 25,227)